

FORM #584

GRIEVANCE FORM

FACILITY: DC SHU DATE: 10-31-04
GRIEVANT'S NAME: Ron Porter SBI#: 173750
CASE#: 8479 TIME OF INCIDENT: _____
HOUSING UNIT: 192W2

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 10-29-04 B.E. SEE ATTACHED
ONLY SENT ME SOME ITEMS HE'S NOT
SENT ALL ITEMS MARKED AS
NEXT THEM. **NO**

B. ENGBERG IS ALSO HURK MY
CLOCK (HOURS) NOW FOR 35 days
AND NO ONE HAS STOPPED OR
HIM.

ACTION REQUESTED BY GRIEVANT: _____

INVESTIGATE

GRIEVANT'S SIGNATURE: [Signature] DATE: 10-31-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

Exh. J-2

RECEIVED
NOV 03 2004
Inmate Grievance Office